

Case Number:	CM15-0125676		
Date Assigned:	07/10/2015	Date of Injury:	04/20/2009
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 29 year old male who sustained an industrial injury on 4/20/09. Diagnoses are cervical spine sprain/strain, partial ankylosis right shoulder, partial ankylosis right hand, right upper extremity chronic regional pain syndrome-hand, and anxiety and depression. In a progress report dated 2/19/15, a treating physician notes grip strength on the right is 0, left is 40. There is a loss of right arm motion. He was recently seen by the orthopedic surgeon and for a psyche evaluation. Medications are Norco 10/325mg, Duloxetine, and Bupropriion. In a progress report dated 1/6/15, the treating physician notes he needs a follow up with a pain management specialist for complex regional pain syndrome, the right shoulder continues as if flaccid. A baseline urine drug testing was done 2/23/15; results were consistent. He has tried physical therapy and acupuncture with minimal relief. Work status is to remain off work until 5/30/15. The requested treatment is MRI of the cervical spine to rule out component radiculopathy, therapeutic sympathetic block for complex regional pain syndrome, and trial stellate ganglion block series.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of cervical spine rule out component radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnosis is complex regional pain syndrome (RUE). The documentation is handwritten and largely illegible. The date of injury is April 20, 2009. Request authorization is dated April 27, 2015. The medical record contains 34 pages. The progress note dated October 7, 2014 states the injured worker may need a nerve block, but the injured worker declines. A progress note dated August 28, 2014 states a stellate block may be of some benefit. The pain management provider progress note dated February 23, 2015 recommends sympathetic blocks, however, there is no detailed physical examination. A review of the medical record (by the pain management provider) does not indicate the injured worker received physical therapy. There is no documentation with physical therapy progress notes for evidence of other conservative treatment measures/modalities in the medical record. The most recent progress note was dated May 8, 2015. The progress note is illegible. There is no physical examination or neurologic evaluation in the progress note documentation. There is no documentation indicating whether the injured worker had a prior cervical MRI. The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. There is no documentation of red flags, unequivocal nerve impairment or documentation of conservative treatment. Consequently, absent clinical documentation of the flags, unequivocal nerve impairment, objective clinical documentation with a physical examination and evidence of conservative treatment (physical therapy), MRI cervical spine is not medically necessary.

Therapeutic sympathetic block for complex regional pain syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Sympathetic block for complex regional pain syndrome (CRPS).

Decision rationale: Pursuant to the Official Disability Guidelines, therapeutic sympathetic block for complex regional pain syndrome is not medically necessary. Sympathetic blocks are recommended for limited, selected cases. Local sympathetic blocks are recommended primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. Sympathetic blocks for treatment of CRPS is largely empirical or can be clinically important in individual cases in which the procedure ameliorates pain and improves function. Therapeutic use of sympathetic blocks is only recommended in cases that have a positive response to diagnostic blocks and the diagnostic criteria are fulfilled (see the official disability guidelines #1 - 3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic and physical rehabilitation. In this case, the injured worker's working diagnosis is complex regional pain syndrome (RUE). The documentation is handwritten and largely illegible. The date of injury is April 20, 2009. Request authorization is dated April 27, 2015. The medical record contains 34 pages. The progress note dated October 7, 2014 states the injured worker may need a nerve block, but the injured worker declines. A progress note dated August 28, 2014 states a stellate block may be of some benefit. The pain management provider progress note dated February 23, 2015 recommends sympathetic blocks, however, there is no detailed physical examination. A review of the medical record (by the pain management provider) does not indicate the injured worker received physical therapy. There is no documentation with physical therapy progress notes for evidence of other conservative treatment measures/modalities in the medical record. The most recent progress note was dated May 8, 2015. The progress note is illegible. There is no physical examination or neurologic evaluation in the progress note documentation. There is no documentation of a positive response to a diagnostic block. There is insufficient documentation to warrant a therapeutic sympathetic block. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and insufficient clinical documentation, therapeutic sympathetic block for complex regional pain syndrome is not medically necessary.

Trial Stellate Ganglion lock series: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Stellate ganglion block.

Decision rationale: Pursuant to the Official Disability Guidelines, trial stellate ganglion block series is not medically necessary. Intravenous regional sympathetic blocks (for RSD/CRPS) are not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Due to modest benefits and the invasiveness of the therapy, intravenous sympathetic blocks with bretylium should be offered only after careful counseling and should be followed by intensive physical therapy. There is very limited scientific evidence to support this treatment, although it is recommended as an option in certain cases when there are no other alternatives. Any additional blocks must be based on objective evidence of improvement. In this case, the injured worker's working diagnosis is complex regional pain syndrome (RUE). The documentation is handwritten and largely illegible. The date of injury is April 20, 2009. Request authorization is dated April 27, 2015. The medical record contains 34 pages. The progress note dated October 7, 2014 states the injured worker may need a nerve block, but the injured worker declines. A progress note dated August 28, 2014 states a stellate block may be of some benefit. The pain management provider progress note dated February 23, 2015 recommends sympathetic blocks, however, there is no detailed physical examination. A review of the medical record (by the pain management provider) does not indicate the injured worker received physical therapy. There is no documentation with physical therapy progress notes for evidence of other conservative treatment measures/modalities in the medical record. The most recent progress note was dated May 8, 2015. The progress note is illegible. There is no physical examination or neurologic evaluation in the progress note documentation. The level to be injected is not documented in the progress notes. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and insufficient medical record documentation, trial stellate ganglion block series is not medically necessary.